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CONFIRMATION NO. 8512

<b>SERIAL NUMBER</b> 09/737,118	<b>FILING OR 371(c) DATE</b> 12/14/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> S63.2-6748-US03
<b>APPLICANTS</b> Thomas J. Holman, Minneapolis, MN; Louis G. Ellis, St. Anthony, MN; Gregory K. Olson, Elk River, MN; Linda R. Lorentzen Cornelius, Wayzata, MN; Richard J. Traxler, Minneapolis, MN; Scott M. Hanson, Columbia Heights, MN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/812,351 03/05/1997 PAT 5,893,868				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/01/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 490				
<b>TITLE</b> CATHETER WITH REMOVABLE BALLOON PROTECTOR AND STENT DELIVERY SYSTEM WITH REMOVABLE STENT PROTECTOR				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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